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century of service



Warm Springs

State Hospital

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FORWARD

Dear Friend,

In 1977, Warm Springs State Hospital will celebrate the 100th anniversary of institutional founding. Throughout this century of public service, Warm Springs State Hospital has made tremendous progress despite periodic setbacks. The long history of Warm Springs State Hospital is an integral part of human experience encompassing the events affecting a developing Territory, State, and Nation. The history of the hospital reflects the emergence of social consciousness, the development of humanistic thinking, and participation in the advances of modern psychiatric practice. On this auspicious occasion of celebrating the birth of the Warm Springs institution 100 years ago, the hospital staff would like to inform the Montana citizenry about the achievements and needs of Warm Springs State Hospital.

As in the past, Warm Springs State Hospital staff members stand ready to answer any questions the reader may have and to assist in clarification of pertinent issues. Requests for information or public speakers may be sent to the following address:

Public Relations
Warm Springs State Hospital
Warm Springs, Montana 59756

This brochure has been written and distributed by the staff of Warm Springs State Hospital.



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DR. CHARLES F. MUSSIGBROD
Institutional Founder



DR. A. H. MITCHELL
Institutional Founder

THE PAST

Historical Treasures From Nooks and Crannies of Warm Springs State Hospital

For a period of thirty-five years, the hospital had been privately owned by the Mitchell and Missigbrod interests. In 1877, Dr. A. H. Mitchell and Dr. Charles F. Mussigbrod entered into a contract with the Federal Government and the Territory of Montana to care for the "insane" of the Territory at Warm Springs. The contract was under the administration of the Territorial Governor, Benjamin F. Potts. The institution opened with thirteen mentally ill patients at \$1.00 per day per patient. Dr. Mussigbrod resided at Warm Springs and devoted almost all of his time to the care of the patients. Dr. A. H. Mitchell resided in Deer Lodge, Montana, to the time of his death at about the age of 70 years. Dr. Mitchell never lived at the institution but visited Warm Springs often to assist Dr. Mussigbrod in the care of patients. The partnership formed in 1877 continued throughout the life of Dr. Mussigbrod who died a few years previous to Dr. Mitchell. The living heirs of each institutional founder continued the co-partnership until purchase of the institution by the State of Montana in 1912.

From the beginning of thirteen patients in 1877, the hospital increased in size as the number of patients increased. Other lands were acquired and the Warm Springs institution was made as nearly self-supporting as possible. The able-bodied and harmless patients worked on the farm, at the dairy, in the gardens, laundry, and other parts of the institution. Dr. O. Y. Warren assumed charge of the hospital after the death of Dr. Mussigbrod.

The Montana State Hospital for the Insane became a state institution by popular vote of the electorate at the general election of November, 1912. This vote of the people authorized the purchase of certain lands, property, and hospital buildings from the heirs of Dr. Mitchell and Dr. Mussigbrod for use as a State Hospital for the care of the "insane." The vote was taken under authority of an act passed by the Twelfth Legislative Assembly which convened January 3 and adjourned March 3, 1911. The act authorized the issuance of state bonds in the amount of \$650,000 by the State Board of Examiners to cover the purchase price. The act stipulated the conditions of the sale and purchase and provided for a one-quarter mill levy on the dollar to pay interest on the bonds. The entire proposition carried at the next general election by a relatively small majority. The institution passed from private to state ownership on January 1, 1913.

The contract system of mental health care extending over 35 years of Territorial days and after statehood to 1913, was not a satisfactory

method of providing for the needs of the mentally ill, and the inadequacy of the contract system was recognized by the majority of the citizenry. The contract had been let by bid every two years by the State at rates varying from 70 to 80 cents per day per patient. At the time the hospital was taken over by the State of Montana, there were approximately 854 patients at the institution, costing the State of Montana about \$200,000 annually for maintenance in non-fireproof buildings and under crowded conditions. Under the contract system, the State had failed to meet its moral obligation of maintaining a suitable institution to house and care for the mentally ill.

Major Historical Achievements of Warm Springs State Hospital

While the history of Warm Springs State Hospital has not always been glorious, the hospital can be credited with some rather remarkable achievements. For example: (1) the Warm Springs institution had removed the iron manacles from patients even before Dorothea Dix began her nationwide crusade to provide humane care and treatment for the mentally ill; (2) the hospital was created, and for many years remained a model psychiatric institution which was very well-respected throughout the nation; (3) the hospital, at one time in the past was the only non-university affiliated hospital in the United States approved by the Rockefeller Foundation for the use of experimental drugs in research and treatment of certain physical diseases; (4) the institution, in 1924, was named the first state-supported psychiatric hospital, other than university hospitals, to be recommended for placement on the list of "standardized" hospitals of the American College of Surgeons; (5) the Warm Springs hospital was one of the first institutions to utilize modern chemical therapy with the result that during the years 1956 and 1957, the hospital demonstrated the highest patient recovery ratio in the nation.



THE PAST . . . View of Hospital Grounds 1912

Approaching the Present Day

In 1943, the Montana State Legislature renamed the institution Montana State Hospital. During the 1947 legislative session, the Department of Mental Hygiene was created with later establishment of Mental Hygiene Clinics. Until 1965, the Warm Springs hospital was a separate state administrative unit under the supervision of the Board of Commissioners. The board consisted of the Governor, the Attorney General and the Secretary of State. The 1965 Legislature established a five-member board of Institutions to be appointed by the Montana State Governor for the purpose of administration of all Montana institutions. Administrative duties were to be carried out by the Director and Deputy Director of the Montana State Department of Institutions. Under this system, the Division of Mental Hygiene was formed as one segment of the Department of Institutions. The Division of Mental Hygiene, located at Warm Springs, assumed responsibility for creation of Comprehensive Community Mental Health Centers throughout Montana State. In 1967, the Montana State Legislature renamed the institution Warm Springs State Hospital.

The purposes and functions of Warm Springs State Hospital have been defined, re-defined, and amplified by various Montana State Legislative Session Laws, by financial appropriations, and by the attitudes or expectations of the public. In the distant past, the major responsibility of the Warm Springs institution was to provide care and custody for



THE PRESENT . . . View of Hospital Grounds 1976

mentally ill persons who were admitted voluntarily or involuntarily. In more recent times, increasing efforts have been made to upgrade and modernize Warm Springs State Hospital so that a full range of psychiatric treatment could be made available to mentally ill persons. The year, 1967, for example, saw the implementation of the Unit System whereby patients entering the hospital from three geographical areas were treated throughout their hospital stay by three separate Treatment Teams. The Unit System contributed to the overall continuity of care provided for each patient coming from the community to Warm Springs State Hospital and returning to the community after a period of inpatient treatment. The Unit System also resulted in gradual decline of the patient population and enabled the Warm Springs State Hospital staff to devote more time to patient treatment, as opposed to provision of mere care and custody. Around the same time, renovation of the hospital physical plant was begun. New systems of treatment for previously untreated categories of patients were developed. By the time of the first meeting of the 44th Legislature, in January, 1975, Warm Springs State Hospital was offering general care and treatment to persons suffering from grave mental illness, persons facing criminal charges, geriatric patients, the physically handicapped, the developmentally disabled, and persons with complicated medical-surgical conditions. The hospital staff were routinely providing psychiatric consultation to other Montana State institutions, to the courts, to community agencies, and to community-based general medical practitioners treating patients discharged from Warm Springs State Hospital. In summary, Warm Springs State Hospital was providing services or programs focused on diagnosis, social evaluation, psychological examination, psychiatric treatment, chemical therapy, personal care, occupational therapy, domiciliary care, vocational training, basic education, homemaking, recreation, counseling, and aftercare referral. These services or programs were woefully inadequate because of insufficient funding, a large patient population, deteriorating physical facilities, and lack of a sufficient number of qualified professional and supportive service personnel. As a consequence, a plea on the part of the Warm Spring State Hospital staff members was made to the citizens of Montana to concentrate the financial resources of this great State on the task of helping Warm Springs State Hospital in regard to the interrelated needs for increased staffing, improved salary offerings, and physical plant renewal. The Forty-Fourth Legislature responded to this plea by granting generous funding to Warm Springs State Hospital during the last biennium.

In Review

Important Dates

1877 — Establishment of a privately operated Territorial sanitorium at Warm Springs by Dr. Charles F. Mussigbrod and Dr. A. H. Mitchell.

1911-1912 — Purchase of the institution by the State of Montana. The institution opened under State ownership with 854 patients as Montana State Insane Asylum.

1947 — Warm Springs became the center for the Department of Mental Hygiene and satellite Mental Hygiene Clinics were created.

1965 — The Montana State Department of Institutions was formed with the Warm Springs hospital becoming the Division of Mental Hygiene within the Department of Institutions.

Hospital Managers Prior to State Ownership

Dr. Armistead H. Mitchell — Deer Lodge, Montana
Dr. Charles F. Mussigbrod — Germany
Dr. Peter Mussigbrod — Germany
Dr. Otey Y. Warren — Butte, Montana

Superintendents of Warm Springs State Hospital After State Ownership

1912-1921 — Dr. J. M. Scanland, Baltimore Maryland
1922-1925 — Fr. Robert Hathaway, Glendive, Montana
1925-1937 — Dr. H. A. Bolton, Baltimore, Maryland
1937-1938 — Dr. John C. Dunn, Lewistown, Montana
1938-1948 — Dr. Byron L. Pampell, Livingston, Montana
1948-1950 — Dr. George F. Freeman, St. Peter, Minnesota
1950-1960 — Dr. Robert Spratt, Butte, Montana
1961-1963 — Dr. John G. Freeman, Omaha, Nebraska
1964-1974 — Dr. Stanley J. Rogers, Anchorage, Alaska
1974 — Dr. Harry C. Xanthopoulos, Manchester, New Hampshire

Patients At The Warm Springs Institution

<u>Period of Time</u>	<u>Average Daily Census</u>	<u>Admissions</u>	<u>Releases</u>	<u>Year-End Population</u>
1900	147	145	479
1912	824	316	253	854
1918	1178	590	469	1212
1929	1518	402	409	1519
1941	1932	430	395	1926
1945	1879	367	379	1864
1955	1936	1366	1409	1911
1965	1521	1297	1181	1407
1975	885	1707	1867	746



THE PAST . . . Old Hospital Building 1912



THE PRESENT . . . New Medical-Surgical Hospital 1976

THE PRESENT

Impact of the New Mental Commitment and Treatment Act-SB377

Overview

With the enactment of the new Mental Commitment and Treatment Act (Senate Bill 377) of 1975, the role of Warm Springs State Hospital began to change. Whereas prior to Senate Bill 377, Warm Springs State Hospital was responsible primarily for care and custody of patients committed to the hospital voluntarily or involuntarily, Senate Bill 377 emphasized that in the future, Warm Springs State Hospital would be required to *treat actively and intensely* the seriously mentally ill of Montana. According to Senate Bill 377, the "seriously mentally ill" person is one who "suffers from a mental disorder which has resulted in self-inflicted injury or injury to others, or the imminent threat thereof; or which has deprived the person afflicted of the ability to protect his life or health." Prior to enactment of Senate Bill 377, Warm Springs State Hospital had admitted everyone whose commitment was voluntarily agreed upon or ordered by the court, regardless of whether or not the individual patient was seriously mentally ill.

The Mental Commitment and Treatment Act of 1975 greatly changed the way in which the mentally ill and mentally handicapped were to be cared for and confined for treatment. The best summary of legislation can be found in Title 38-1301, Revised Codes of Montana, 1975, which state: (1) "to secure for each person who may be seriously mentally ill or suffering from a mental disorder such care and treatment as will be suited to the needs of the person, and to insure that such care and treatment are skillfully and humanely administered with full respect

for the person's dignity and personal integrity"; (2) "to deprive a person of his liberty for purposes of treatment or care only when his safety or the safety of others is endangered, and to provide for due process of law when this is done."

The new laws covering the confinement and treatment of persons with mental disorders generally differ from previous laws in the following ways: (1) the new laws specify that an alleged mentally ill person must be represented by an attorney during the commitment process; (2) the new laws provide for more extensive evaluation of persons alleged to be mentally ill; (3) the new laws broaden the professions which can conduct evaluations of the mentally ill to include Social Workers, Psychologists, Physicians, and Psychiatric Nurses; (4) the new laws emphasize the provision of evaluation and treatment services at the community level rather than at Warm Springs State Hospital; (5) the new laws provide for periodic reviews by the courts of all long-term confinements; (6) the new laws prohibit transfer of patients from one institution to another without a court review; (7) the new laws explicitly guarantee the personal and civil rights of patients confined at Warm Springs State Hospital; (8) the new laws make special provisions for the treatment of minors; (9) the new laws mandate that people who are currently patients of Warm Springs State Hospital receive a review by the court if they are involuntarily committed; (10) the new laws spell out in detail the minimum standards for treatment of mental disorders; (11) the new laws have created a Mental Disabilities Board of Visitors to assure that all human treatment rights contained in the commitment laws will be protected.



THE OLD . . . A Dormitory 1912

Rights of the Mentally Ill in Mental Health Facilities

Title 38-1317, Revised Codes of Montana 1975, states that patients admitted to a mental health facility, whether voluntarily or involuntarily, have certain rights. Underlying or pervading all the particular rights specified by law is the fundamental *Right to Treatment*. Included in this single, unifying concept are the individual patient's right to privacy and dignity, the right to the least restrictive conditions necessary to achieve the purposes of commitment, the right to visitation and reasonable access to private telephone communications, the right to send sealed mail, the right to have access to letter-writing materials including postage, the right to personal possessions and clothing, the right to spend a reasonable sum of his/her money, the right to religious worship, the right to regular physical exercise several times a week, the right to be provided with adequate supervision and opportunities for interaction with members of the opposite sex, the right to receive prompt and adequate medical treatment for any physical ailments, the right to a diet which provides the recommended daily dietary allowance as developed by the National Academy of Sciences, and the right to a humane psychological and physical environment. The law also makes special provisions for the treatment of patients who are children or young adults. These provisions include, but are not limited to: (1) opportunities for publicly supported education suitable to the educational needs of the patient; (2) a treatment plan which considers the chronological, nutritional, and developmental level of the patient; (3) sufficient professional persons, teachers, and staff members with specialized skills in the care and treatment of children and young adults; (4) recreation and play opportunities in the open air when possible; (5)



THE PRESENT . . . New Geriatrics Building Dedicated 1976

appropriate residential facilities separate, wherever possible, from older patients; (6) arrangements for contact between the facility and the family of the patient. While some rights and provisions accorded patients are unrestricted, the law permits professional treatment personnel to impose special restrictions on other rights, the free exercise of which might endanger the patient or interfere with implementation of an appropriate treatment regimen.

Increased Effort Required by the Rights Accorded the Mentally Ill

The rights of mentally ill persons, as defined by the existing commitment legislation, have far-reaching ramifications in terms of the increased effort required on the part of Warm Springs State Hospital. Each patient who is committed to a mental health facility for a period of more than seventy-two (72) hours must receive a comprehensive physical and mental examination and review of behavioral status within forty-eight (48) hours after admission. Within five (5) days after the patient's admission, an individualized treatment plan must be developed and implemented for the patient by a team of professional persons (38-1324(2)). The fundamental idea is to begin the patient's treatment with as little delay as possible.

The individualized treatment plan must include a statement of problems and needs of the patient; a statement of the least restrictive conditions which will be required to achieve the purposes of the commitment; a description of the short and long-range treatment goals for the patient with a proposed time table for achievement of these goals; a description and explanation for the treatment methods which will be employed to achieve the short and long-range goals; the way in which various members of the staff will be utilized to accomplish the desired treatment goals; the criteria which must be met in order for the patient to be released to a less restrictive setting and the criteria for discharge; a notation of any therapeutic tasks to be undertaken by the patient. (38-1324 (2)(a)-(g)). The treatment plan must also contain the aftercare plan which is to be developed as soon as possible after the patient's admission. The treatment plan must be continuously reviewed and revised as necessary for the benefit of the patient. At least every ninety (90) days, the patient must receive a complete mental examination.

The rights of the mentally ill require that the physical facilities and hospital environment must be clean, decent, and safe. The hospital physical plant must contribute to, rather than impede, the process of treatment. The physical facilities of the hospital must be kept clean and well-maintained, meeting the recognized safety and fire standards. Special facilities must be provided the geriatric and other non-ambulatory patients, including wheelchairs and special toilet features, (38-1317(13)).

The patients of Warm Springs State Hospital must receive a diet which is nourishing, well-balanced, and palatable. This standard is not met by a diet which is theoretically well-balanced but unpalatable. Every effort should be made to give hospital residents some choice of food. (38-1317 (12)).

The Meaning, Process, and Time Requirements of Individualized Treatment

The Meaning of Individualized Treatment

Individualized treatment, as required by the new Mental Commitment and Treatment Act, involves the following considerations:

- Development of a treatment plan in which the individual patient can participate effectively.
- Deciding on specific, concrete, achievable goals which can be met by the patient, the patient's family, the Warm Springs State Hospital Treatment Team, and the community.
- Utilizing a broad spectrum of professional services which cannot be rendered by one specific person.
- Approaching a philosophy of mental illness which views mental illness as a multi-caused phenomenon tied to the patient's total life style, physical condition, psychological status, social capabilities, and living-working environment.

The Process of Individualized Treatment

The process of developing and implementing an individualized treatment plan entails a great amount of time and effort by Warm Springs State Hospital staff members associated with a wide variety of care and treatment disciplines. The actual provision of services to patients is accomplished through four major hospital service programs:

1. **Care and Custody:** Warm Springs State Hospital is committed to the principle of providing a high level of care and custody to resident patients.

Care — Adequate physical care of all patients must be given to each patient's need for relief from pain and discomfort. Patients must be given protection from injury and infectious disease. Medical treatment must be available to all patients twenty-four hours per day. Diagnosis and individualized treatment must be developed in regard to each patient.

Custody — Custody services include: (1) protection in regard to the rights of individual patients; (2) a secure environment for patients who are potentially dangerous to

themselves or others; (3) broad-spectrum medical-psychiatric services; (4) placement of patients in appropriate "prosthetic" communities within the Warm Springs State Hospital institution whenever placement in a less restrictive community environment is unfeasible; (5) a long-term environment conducive to the individual patient's self-respect, comfort and happiness whenever placement in a less restrictive community environment is not possible.

2. **Developmental Services:** An individual treatment plan must be implemented in regard to each patient. The treatment plan must describe appropriate psychiatric intervention and approaches designed to return the patient to optimum functioning. Goals for the patient must be stated in each treatment plan, and these goals must focus on outcomes such as ameliorating thought disorders, emotional illness, social functioning deficits, language impairments, and vocational handicaps. The goals must be directed toward improving the individual patient's functioning over a wide range of possible coping skills.
3. **Community-Related Services:** Warm Springs State Hospital has responsibility to function effectively as part of the continuum of the statewide system of mental health care and treatment services. The hospital functions must be coordinated with the communities not only in receiving patients requiring care and treatment available at Warm Springs State Hospital, but in transferring patients to less restrictive environments. Warm Springs State Hospital must also provide training, technical assistance, and public education to: (a) facilitate the adjustment of the patient to the new community environment; (b) assist in reducing the occurrence of inappropriate admission of patients to Warm Springs State Hospital; (c) assure coordination, accountability, and continuity of care between Warm Springs State Hospital and the community; (d) participate in community programs for the maintenance of mental health.
4. **Administrative Services:** Administrative and support services are responsible for maintaining the efficiency and effectiveness of the activities described for the three other major program areas. The following services would be included: (a) coordinating all policies and procedures for the institution to assure compliance with laws and professional goals; (b) ensuring the best patient care and rehabilitation; (c) providing for the effective and efficient operation of Warm Springs State Hospital as a whole; (d) accounting for the use of Montana State resources through data collection and analysis.

The Time Required for Individualized Treatment

CARE AND CUSTODY

As mentioned previously, the existing mental health commitment and treatment laws mandate the provision of a humane care and treatment environment, evaluation, diagnosis, development of a treatment plan, day-to-day observation, and physical care and maintenance. Furnishing high-level care and custody requires the expenditure of time in accomplishing various tasks:

- **Psychiatric Examination by a Professional Person as Defined by Senate Bill 377 (38-1302 (10). Minimum Time Requirement - 3 hours.**

Psychiatric Examination leads to diagnosis and prescription of therapeutic interventions as required for any particular patient in accordance with the accepted standards of psychiatric practice.

- **Social Service Evaluation - Minimum Time Requirement - 8 hours.**

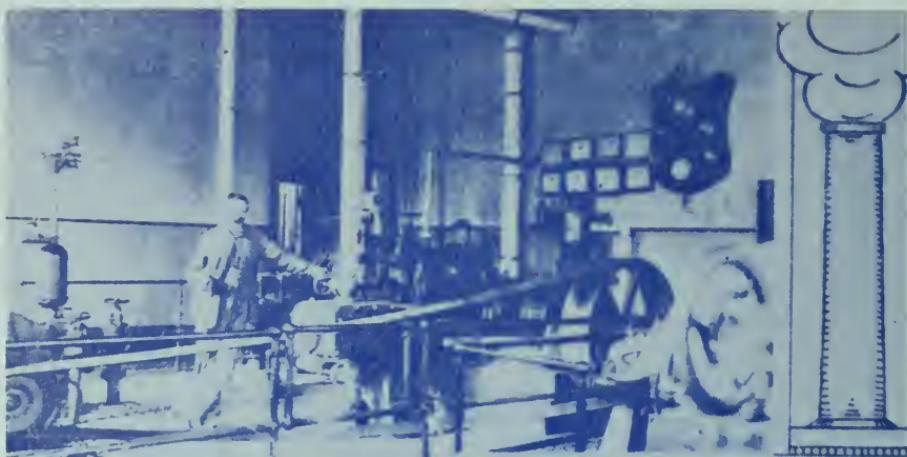
The Social Service evaluation involves interviewing the patient, his/her family, and collateral agencies in order to develop and record the social history, psychosocial diagnosis, and release plan. At Warm Springs State Hospital, Psychiatric Social Workers compile the case history of the patient and as a member of the clinical Treatment Team assist in development of the differential diagnosis. Social Workers contribute to treatment program planning and are called upon to help the family with regard to their feelings about the illness and treatment of the patient. On an individual basis, through discussion and interpretation, Social Workers enable the family to understand the illness, the proposed treatment, and the family's part in the total situation.

- **Psychological Evaluation - Minimum Time Requirement - 4 hours.**

Psychodiagnostic examinations, as performed by Clinical Psychologists of Warm Springs State Hospital, are designed to obtain relatively complete evaluation of the patient in a brief period of time. The evaluation consists of a battery of tests of intellectual and personality functioning. The Psychological evaluation provides information regarding the intellect, feelings, motivations, defenses, social functioning, developmental dynamics, diagnosis, and prognosis of the patient.

- **Rehabilitative Therapies Evaluation - Minimum Time Requirement - 4-6 hours.**
This multifaceted evaluation determines the patient's interests, aptitudes, achievement, and needs in these areas: education, occupation, recreation, music, home skills, physical therapy, and vocational training.
- **Physical Examination - Minimum Time Requirement - 1 hour.**
All patients are provided physical examination upon admission. The hospital employs consultants, in addition to the regular medical staff, in various medical specialties. These consultants assist the Medical Staff in the total physical evaluation process.
- **Laboratory Workup - Minimum Time Requirement - 2 hours.**
The clinical laboratory provides the facilities for the application of scientific techniques to the diagnosis and control of disease and for scientific investigation of clinical phenomena associated with disease. Although a large number of specialized procedures can be performed, routine laboratory workup on all newly admitted patients includes CBC, VDRL, FBS, BUN and UA.
- **Dental Examination - Minimum Time Requirement - 1 hour.**
Dental disease may be causatively related to malnutrition and to a variety of physical disorders. Adequate dental care is especially important to the residents of psychiatric institutions since there are so many emotional problems or mental illnesses which reflect their presence in poor oral hygiene and neglect of dental repair needs. Dental services of Warm Springs State Hospital include routine cleaning, filling, extraction, X-ray, surgery as indicated, and repair of dentures. New dentures, gold bridges, gold inlays, partial dentures, and some other restorative dental treatments are not part of the regular hospital care, but may be done at the expense of the patient or relatives.
- **Forensic Evaluation - Minimum Time Requirement - 21 days.**
Forensic evaluation involves utilization of a number of different hospital services or professional disciplines in order to render an opinion on regard to these areas of concern: (a) the ability of the defendant to assist in his own defense; (b) the capacity of the defendant to understand the proceedings taking place against him; (c) the ability of the defendant to appreciate the criminality of his conduct; (d) the capacity of the defendant to conform his conduct to the requirements of the law.

- **Radiology, Electroencephalography, Cardiology Evaluation - Minimum Time Requirement - 5 days** (Time from performance of technical procedures to receipt of report).
Radiology, Electroencephalography, and Cardiology (Medical Electronics) procedures are especially helpful in discovery, diagnosis, management, and treatment of body-structure abnormalities, internal diseases, injuries, foreign objects, physiological functions, heart malfunctions, internal or external growths, specific skin disorders, brain tumor, brain abscess, traumatic lesions, and subdural hematoma.
- **Nursing Service Evaluation - Minimum Time Requirement - Ongoing 24 hours per day.**
The primary purpose of Nursing Service is to provide safe, effective, and well-planned nursing care to the patients residing at Warm Springs State Hospital through observation, ward administration, and implementation of medical-psychiatric regimens prescribed by the Treatment Team consensus.
- **Medical Records Workup on Admission - Minimum Time Requirement - 1 hour.**
The Medical Records Department is the hub of clinical service activity since almost all documents produced or used by the major clinical departments within the hospital flow through or come to rest permanently in the Medical Records Department. Compilation of the patient's Medical Record begins upon admission, continues throughout the period of hospitalization and ordinarily terminates after the patient's discharge from Warm Springs State Hospital.
- **Medicare/Medicaid Level of Care Evaluation and Utilization Review - Minimum Time Requirement - two hours.**
Certification, recertification, and review of the care rendered at Warm Spring State Hospital are required by both programs.
- **Provision of Food Service - Minimum Time Requirement - 3 hours per meal.**
The Warm Springs State Hospital Food Service is responsible for preparing nutritional, well-balanced, palatable meals as required by law.
- **Maintenance of the Warm Springs State Hospital Physical Plant - Minimum Time Requirement - on going, 24 hours per day.**
Maintenance involves the day-to-day care of all grounds facilities, repair of buildings, replacement or repair of defective



THE PAST . . . Inside Old Heating Plant 1912

or worn out equipment, property control, operation and servicing of all motorized machinery and vehicles, provision of laundry services, grounds beautification, care of roadways, sidewalks, and all mechanical installations in buildings, warehousing of all goods and commodities, painting, plumbing, and electrical repair. The goal of physical plant maintenance is to insure the continuing operation of all facilities and utilities providing shelter, heat, light, water, gas, and sanitation to all areas of the hospital with consideration given to the well-being and safety of patients.

- **Pharmaceutical Preparation and Distribution - Minimum Time Requirement - 5 - 6 minutes per patient per day.** Chemotherapy constitutes a major treatment regimen in the majority of psychiatric hospitals including Warm Spring State Hospital. Preparation of chemical agents is the responsibility of the hospital pharmacy. Distribution of therapeutic medications is cooperatively shared by the hospital Pharmacy, which is staffed by three Registered Pharmacists, and by the Warm Springs State Hospital Nursing Service.

DEVEOPMENTAL SERVICES

Developmental Services is the Warm Springs State Hospital major program focusing on implementation of an individual treatment plan in regard to each patient. The activities of Developmental Services can be summarized as follows:

- **Arrival at a Differential Diagnosis and implementation of short and long-term treatment goals.** The process of differential diagnosis and implementation of treatment goals in regard to each patient is **ongoing** and subject to periodic review



THE PRESENT . . . Multipurpose Building 1976

by Treatment Team members. The time requirement for weekly review procedures conducted on each patient ranges from thirty (30) minutes to one hour per week per patient.

- **Treatment Interventions:**

Individual Therapy - Minimum Time Requirement - 2 hours per week per patient - Individual Therapy involves the hospital Treatment Team member's structuring a situation between himself and the individual patient for the purpose of correcting or improving the patient's pattern of thinking, feeling, and behavior. The aim is to improve the patient's value judgments, means of communication, personality traits, environment, and overall ability to function effectively and comfortably outside the hospital.

Group Therapy - Minimum Time Requirement - 2 to 4 hours per week, per patient. The basic value of group therapy is that it offers each patient in a six to eight-member group an immediate area of social belonging, a means of expressing and solving problems with the aid of other persons, and a pathway to reeducation and enlightenment. Group Therapy encompasses all the techniques of Individual Therapy, combining emotional support with permissiveness, modifying faulty adaptive roles, easing anxiety, stimulating the active will, and inducing new decisions and methods of alleviating anxiety.

- **Medications Monitoring - Minimum Time Requirement - 15 minutes per week per patient.** The majority of patients at Warm Springs State Hospital receive some form of medication. As recently as twenty or thirty years ago, workers in psychiatric hospitals did not think of drug therapy (chemotherapy) as a special innovation in the practice of psychiatry. Then in 1954, phenothiazine and reserpine compounds were introduced, and chemotherapy became a distinct form of treatment. Tranquilization now referred to lessening of anxiety and tension as well as reduction of agitation, excitement, and destructiveness. Introduction of pharmacological agents in psychiatry has permitted the decline in use of physical restraints and has allowed more time for other treatment procedures such as Individual and Group Therapy.
- **Rehabilitation Therapies - Minimum Time Requirement - 25 hours per week per patient enrolled in school programs and 12 hours per week per patient for other Rehabilitation Therapies Programs.** The general purpose of Rehabilitation Therapies is to supplement the total treatment program at Warm Springs State Hospital by offering a wide range of therapeutic activities aimed at improving mental and physical health, modifying behavior, teaching new skills, and preparing the hospitalized person for release and adjustment to community living. The major components of Rehabilitation Therapies are:

Occupational Therapy — Designed to accomplish short-term skill evaluation, maximum self-sufficiency, task performance, and improved physical, emotional, and mental stability.

Recreation Therapy — Emphasizing physical conditioning in structured calisthenics classes, broad-range social-recreational functions, minor sports, and individual or team games.

Patient Employment — All patient employees are subject to and protected by the provisions of the Fair Labor Standards Act as this act relates to wages, work week, and hours worked. A patient does not need to work to maintain hospital privileges, but work does offer some patients a means of offsetting the cost of hospitalization, retaining or improving employment skills, and preparing vocationally for the future outside Warm Springs State Hospital.

Education — Geared toward meeting the educational needs of children undergoing treatment at the hospital Children's Unit and toward preparing beyond-school age patients to pass the High School Equivalency Examination (G.E.D.). The School Program is organized around group and individual instruction methods. Educational Counseling assists students toward making and carrying through academic or vocational plans.

Vocational Education — Intended to provide pre-vocational training in high demand skills and occupations.

Vocational Education — Intended to provide pre-vocational training in high demand skills and occupations.

Music Therapy — Constitutes a vehicle for achieving emotional relief and self-expression among patients who have difficulty discharging tensions.

General Library — Stocks a wide variety of books, magazines, newspapers, and reference materials for recreational and educational reading.

Religious Program — Roman Catholic and Protestant religious services are held regularly at Warm Springs State Hospital. Chaplains frequently visit all wards of the hospital and are available at all times for emergency visitation of the sick and dying. Chaplains act as liaisons to church organizations and pastors throughout Montana. Religious participation and pastoral counseling are voluntary, and the time devoted to these activities varies considerably. Religion and psychiatry supplement one another in assisting people toward coping with the difficulties and problems surrounding mental illness.

Nursing Service — **Minimum Time Requirement - Ongoing, 24 hours per day, every day of the week.** Warm Springs State Hospital Registered Nurses, Licensed Practical Nurses, and Psychiatric Aides are involved in evaluation and implementation of individualized treatment plans developed in regard to each patient. Nursing staff participate actively in remotivation groups, reality orientation, individual counseling, and one-to-one or small group projects approved by the Treatment Team. Observation and care of the patient are aspects of treatment which provide organized documentation of the results of therapeutic interventions which lead to improvement of treatment programming. **Nursing Service**

personnel have responsibility for inservice education of Registered Nurses, Licensed Practical Nurses and Psychiatric Aides. There is a psychiatric affiliation provided for all professional nursing students in Montana schools. Nursing Service also has a School of Practical Nursing.

Milieu Therapy — Minimum Time Requirement - Ongoing 24 hours per day, every day of the week. Every Warm Springs State Hospital employee is involved in Milieu Therapy which entails manipulating the hospital environment in such a way as to change stresses encountered by patients and to initiate improved coping ability. Alterations of the environment may neutralize past harmful stimuli, foster better mental hygiene, and remove eroding anxieties. The conscious use of environmental manipulation denotes a full awareness of the impact of the total environment on psychological functioning and interpersonal relationships. In some instances, Milieu Therapy may be the only possible treatment procedure.

COMMUNITY-RELATED SERVICES

Contrary to common belief, planning for the patient's release from the hospital does not begin with a recommendation for discharge; rather, planning the patient's return to the community starts with the patient's admission and frequently continues throughout the period of hospitalization. The initial release plan may have to be altered many times to accommodate the changing circumstances of the patient and/or his family. The needs which the patient presents at the commencement of hospitalization may be quite different as the time of release from the hospital approaches.

Pre-Release Evaluation - Minimum Time Requirement - two weeks. Pre-release evaluation is an activity shared by Treatment Team members representing several different professional disciplines. The idea behind Pre-Release Evaluation is to discover the best possible means of maintaining and continuing the patient's treatment outside Warm Springs State Hospital. Various community agencies and resources may be required to implement the decisions of the Pre-Release evaluators.

Development and Implementation of an Aftercare Program - Minimum Time Requirement - 2-4 weeks. Developing and fostering implementation of a suitable After-Care Plan, based on the Pre-Release Evaluation, is predominately the function of the Warm Springs State Hospital Social Service Department, but is seen as part of the total treatment process. Aftercare programming for an individual patient may consume twenty or more hours spent in telephone calls to families or community agencies, writing referrals to outside community resources,

coordinating release planning with the Montana Community Mental Health Center located nearest the patient's home or community placement facility, informing the patient and the Treatment Team of the outcome of release planning, and evaluating the results of treatment through followup contacts with the patient, the patient's family, and community public service agencies. Warm Springs State Hospital Psychiatric Social Workers prepare referrals to community agencies equipped to meet the special needs of the patient and his family arising because of the mental illness of the patient. Certain community resources are essential to insure prompt discharge of the patient when institutional treatment has been completed. A wide variety of community resources may be required to assure that the patient's needs will continue to be met outside the hospital. These needs may include housing, job, recreation, spiritual assistance, financial aid, skilled nursing care, foster home placement, and many other specialized needs. Community Related Services attempts to foster constructive community attitudes and to insure availability of the community resources which will most effectively promote continuity of care at the time of transition from hospital to community living.

Accomplishments During the Last Biennium

The Warm Springs State Hospital staff are proud of the achievements made as a direct result of generous legislative funding during the last biennium:

- **Warm Springs State Hospital has been regionalized** into five units corresponding to the geographical areas served by the Montana Community Mental Health Centers. The purposes of regionalization are to develop an effective team approach to treatment, to match patients with community resources, and to coordinate admission and release planning between Warm Springs State Hospital, Community Mental Health Centers, and all other agencies capable of serving the needs of patients upon release from the hospital. Regionalization has resulted in improved continuity of care which is an important consideration in the patient's progress outside Warm Springs State Hospital.
- **Warm Springs State Hospital has provided staff and facilities for the treatment of seriously mentally ill children.** The Children's Unit is designed to supply intensive inpatient treatment to a maximum of forty patients under age 18. Upon being admitted to the Children's Unit for evaluation and/or treatment, the child patient undergoes a complete examination by the Treatment Team. The examination includes evaluation of physical status, laboratory workup, chest or other X-rays as required, psychiatric interview, psychological testing, and social background analysis. An individualized treatment

plan is developed and implemented with the child's participation. The treatment program might include chemical therapy, school attendance, recreational activities, music therapy, individual counseling, group therapy, and vocational training. The effectiveness of treatment is reviewed frequently, and adjustments of the individualized treatment program made accordingly. While there are other children's treatment programs in Montana, the Warm Springs State Hospital Children's Unit program is the only one specifically designed to manage and treat children whose problems are so severe as to preclude their further treatment in the community.

- During the last biennium, Warm Springs State Hospital made excellent progress toward implementing and improving Team Treatment and Milieu Therapy.

TEAM TREATMENT

The clinical services of Warm Springs State Hospital bring together various specialists whose particular contribution to the work of patient treatment must be coordinated in order to be productive. The particular type of Team organization which is consistent with principles of good psychiatric treatment allows each specialist the freedom to select and use his own therapeutic tools within the general framework of therapy prescribed by Team consensus and coordinated by the Unit Director. Team Treatment presupposes both that each member of the Treatment Team has a substantial knowledge of what each of the other Team members has to offer and that he understands and respects the limits of his own contribution.

MILIEU THERAPY

Until the last twenty or thirty years, institutionalized patients were provided kind and thoughtful custodial care, but little effort was made to see that the routines, environment, and personnel of the institution provided more than a comfortable asylum or refuge from the stresses and strains of day-to-day living, a place where patients were allowed to withdraw into themselves. The majority of patients sat out their lives in uncomfortable or dreary environments, abandoned by family and former friends. Today, well-managed psychiatric hospitals are no longer places of incarceration, but a total "therapeutic environment (Milieu)" that simulates the life and activities of the surrounding community. The Therapeutic Milieu at Warm Springs differs from a "true society" only in the respect that it is designed specifically to assist residents to learn to replace maladaptive or deficient attitudes, emotions, and behaviors with more appropriate ones. Every aspect of institutional life becomes a therapeutic experience. Patients reside on "open" wards, whenever possible, in order to encourage social contact among patients and the outside world. There is movement toward establishing patients' advisory

councils and ward governments at Warm Springs State Hospital. Under the patients' ward government concept, the patients would be able to participate in planning their daily routines and individual activities. Through these self-organized and administered groups, patients would begin to develop a sense of citizenship, social responsibility, renewed self-respect, interpersonal skills, and give and take in human relationships.

- **Warm Springs State Hospital has developed individualized treatment plans for every patient in accordance with the requirements of Senate Bill 377.** Community placement opportunities for patients, including the developmentally disabled and geriatric patients, have been increased. The increase has resulted in the reduction of the Average Daily Patient Census by over 300 patients. At the same time, coordination of admission and release of patients with Montana Community Mental Health Centers has resulted in a decline in the number of persons inappropriately admitted to Warm Springs State Hospital.
- **The generous funding provided to Warm Springs State Hospital during the last biennium has enabled the hospital to regain Medicare^cMedicaid certification** which permits the State of Montana to recover some of the monies expended toward patient care and treatment. In addition, the hospital has made progress toward meeting the standards for accreditation by the Joint Commission on Accreditation of Hospitals.
- **Warm Springs State Hospital has made improvements in the Case Coordinator system of managing the hospitalization and treatment of patients** which was still in the experimental stages two years ago. The Case Coordinator system is an aspect of Team Treatment whereby the particular needs of Warm Springs State Hospital patients are met. Each patient is assigned a Case Coordinator who is a member of the clinical Treatment Team. The Case Coordinator could be a Psychiatrist, Social Worker, Nurse, Psychologist, Rehabilitation Therapist, or Psychiatric Aide. Under the Case Coordinator system of patient management, the person assigned as Case Coordinator has responsibility for implementing the individualized treatment plan formulated by the Team consensus. The Case Coordinator does not attempt to assume the role or perform the special duties of other professional staff members, but the Case Coordinator is responsible for observing the patient's progress, reporting this progress in Treatment Team meetings, maintaining a written record of progress, determining the reasons for lack of progress in treatment and checking to insure that treat-

ment recommendations are in fact being implemented by other staff members according to the prescribed time schedules.

- The Geriatric Patient Release Program, aimed at placing elderly patients in the most suitable community environment has helped bring about reduction of the overall hospital patient population.
- Housing units for Warm Springs State Hospital patients have been repaired or refurbished in order to comply with fire and life safety standards established by certifying and accrediting agencies. The following improvements in the hospital physical plant have been made or are in the process of being completed:
 - New Geriatrics Building (219) has been completed and was opened to patients October 15, 1976.
 - Fire and safety projects on Receiving Hospital, Bolton Building Unit 85, and Mitchell Building have been completed to meet the requirements for Medicare/Medicaid certification.
 - The Food Service Diet Kitchen has been renovated.
 - The Laundry is being remodeled to accommodate the tri-institutions of Warm Springs State Hospital, Galen State Hospital, and Montana State Prison.



THE PAST . . . Women's Department 1912

- Renovation of General Hospital 27-29 (Region I patients' residential unit) will begin as soon as bids are finalized.
- Grounds beautification is under way to remove dead or dying trees and to replant areas of the hospital premises with flowers, trees, and shrubs.
- The old infirmary building (Infirmary 17) is being remodeled in order to combine, into one location, several closely affiliated service bureaus now occupying different buildings.
- With the monies granted by the last Legislature, Warm Springs State Hospital was able to improve staff-patient ratios in the major clinical care and treatment areas such as Social Service, Psychology, Psychiatry, Rehabilitation Services, and Nursing Service. The following chart illustrates the increase of time available for care and treatment in the past and projected into the future based on Warm Springs State Hospital funding requests for the forthcoming biennium:



THE PRESENT . . . Receiving Hospital 1976

SUMMARY STATISTICAL REPORT FOR FISCAL YEARS 1975-1976

1.	Number of Patients in Residence on July 1, 1974.....	1,057
	Number of Patients in Residence on June 30, 1976	<u>668</u>
	Net Population Reduction.....	389
2.	Average Daily Census for FY 1975	953
	Average Daily Census for FY 1976.....	772
3.	Number of Patient Days of Care Rendered FY 1975	348,217
	Number of Patient Days of Care Rendered FY 1976	282,578
4.	Total Number of Admissions FY 1975	1,962
	Total Number of Admission FY 1976.....	1,457
5.	Total Number of Releases FY 1975.....	2,115
	Total Number of Releases FY 1976.....	1,693
6.	Regional Breakdown of First Admissions Fiscal Year 1975:	
	Western.....	201
	Central.....	109
	Eastern	82
	Forensic.....	42
	Total.....	<u>434</u>
	Regional Breakdown of First Admissions Fiscal Year 1976:	
	Region I	23
	Region II	62
	Region III	37
	Region IV.....	107
	Region V.....	58
	Total.....	<u>287</u>
7.	Percentage of Occupancy FY 1975	72%
	Percentage of Occupancy FY 1976	72%
8.	Length of Stay for Patients Admitted and Discharged in FY 1974:	51 days
	Length of Stay for Patients Admitted and Discharged in FY 1975:	55 days
	Length of Stay for Patients Admitted and Discharged in FY 1976:	41 days
9.	FY Daily Expenditure Per Resident Patient Per Day.....	\$26.93
	FY 1976 Daily Expenditure Per Resident Patient Per Day	<u>\$46.28</u>

**NUMBER OF PROFESSIONAL DISCIPLINE TREATMENT HOURS
PER WEEK AVAILABLE
TO EACH WARM SPRINGS STATE HOSPITAL PATIENT DURING
EACH FISCAL YEAR**

1973 - 1979

Code Key ADC — Average Daily Census during Fiscal Year

ANS — Average Number of staff in Each Discipline during Fiscal Year

THPPW — Number of Treatment Hours per Week Available to Each Patient

PROFESSIONAL DISCIPLINE	FISCAL YEAR						
	1973 ADC 1085	1974 ADC 1099	1975 ADC 953	1976 ADC 772	1977* ADC 650	1978* ADC 600	1979* ADC 550
PSYCHIATRY	ANS THPPW	10.15 .37	8.33 .30	8.17 .34	7.42 .38	18.00 1.11	11.00 .73
NURSING	AND THPPW	396.75 14.63	390.17 14.20	438.83 18.42	506.75 26.26	573.40 35.29	581.40 38.76
PSYCHOLOGY	ANS THPPW	6.00 .22	6.42 .23	7.92 .33	7.75 .40	16.25 1.00	16.25 1.08
REHABILITATION SERVICE	ANS THPPW	21.08 .77	21.50 .78	26.67 1.12	28.25 1.46	38.50 2.37	57.50 3.83
SOCIAL SERVICE	AND THPPW	9.83 .36	11.92 .43	13.75 .58	14.58 .76	19.50 1.20	34.00 2.27

*Projected

THE FUTURE

In submitting the budget request to the Forty-Fifth Montana State Legislature, Warm Springs State Hospital will stress the fact that the budget proposals are philosophically based on the concept of preparing Warm Springs State Hospital to assume a *more active care and treatment role* in relation to persons who are seriously mentally ill. The main thrust of the Warm Springs State Hospital budgetary request will be toward meeting the requirements of the existing commitment legislation. Although the staff at Warm Springs State Hospital do anticipate some changes in the due process sections of the Mental Commitment and Treatment Act of 1975, major revision of the sections dealing with the rights of mentally ill persons is not expected to occur because of the various federal rulings which have guaranteed the personal and civil rights of the mentally ill. If the rights of persons hospitalized for treatment of mental illness remain the same as they are now, then *Warm Springs State Hospital will be required to achieve levels of care and treatment surpassing the levels currently in force.*

The Future Role of Warm Springs State Hospital

In the future, Warm Springs State Hospital very likely will be called upon to:

- Meet the treatment needs of *seriously mentally ill* persons who cannot be managed or treated in the community.
- Satisfy the treatment needs of *acutely mentally ill* persons whose illness is so severe as to preclude treatment anywhere other than the inpatient hospital facility at Warm Springs.

- Fulfill the care and treatment needs of *long-term, chronically ill* persons who are considered unplaceable in a less restrictive community environment.
- Serve as *educational and training center* for the various psychiatric treatment disciplines such as Psychiatry, Social Work, Psychology, Nursing, Pharmacy, and Rehabilitation Therapies.

Defence of the Future Role of Warm Springs State Hospital

Reduction of Staff and Treatment Programming Not Warranted

In defining the future role of Warm Springs State Hospital, it is necessary to refer to the pragmatic argument which will affirm that the reduction of the patient population at Warm Springs State Hospital warrants a corresponding, reduction of staff and treatment program functions. In truth, *the pragmatic argument is an oversimplification because:*

- **Warm Springs State Hospital is an essential part of the interlocking network of Montana Mental Health Services** encompassing the inpatient facility at Warm Springs, the Montana Community Mental Health Centers, and a wide variety of other community agencies. High-level care and treatment cannot be provided if there is a reduction of staff and treatment programming.
- **Maintaining a single base hospital at Warm Springs to serve the seriously mentally ill would involve less expense to the taxpayer** than having separate inpatient treatment facilities established in each of the five geographical regions served by the Montana Community Mental Health Centers. Mini-institutions in each of the five mental health regions of Montana State would duplicate the services and staff available at Warm Springs State Hospital and would greatly increase the fixed costs of institutional operation.
- The recent literature of institutional and community psychiatry is increasingly supporting the idea that inpatient psychiatric institutions are viable, and, in many instances, even preferable to community placement of patients. All the evidence suggests that State Mental Hospitals will continue operating while simultaneously undergoing evolution. "Rather than having an all-purpose orientation as in the past, state psychiatric hospitals will become more specific parts of a better-integrated system of mental health services" ("The Future of the Public Mental Hospital: An AMSMH-VA-APA Panel Discussion."

Hospital and Community Psychiatry 27 (January 1976): 15-19). Some writers in the field of psychiatry have warned states *not* to dismantle their facilities for long-term care and treatment (*Ibid*). As the California and New York experiences of the phasing out of state hospitals have shown, state hospitals cannot be phased down unless there are suitable alternatives in the community. "Lacking adequate support and followup care, many discharged patients exist in emptiness and apprehension. . . At time these discharged patients may be fiscally exploited" (*New England Journal of Medicine* 294 (1976): 255-61). In his article entitled "Brief Hospitalization: One Effective Approach in the Treatment Continuum," Evans P. Adams, has pointed out that brief hospitalization has proven to be an effective approach in psychiatric treatment. "Hospitalization is sometimes necessary to gain an understanding of the cause of the individual's breakdown. He/She may need to be removed from the environment where forces leading to functional decompensation are at work." Adams states: "Any mental health professional who has worked with severely disturbed patients. . . knows that some patients undergo remission of illness quickly whereas other patients require long-term, inpatient treatment." (*Hospital & Community Psychiatry* 26 (April 1975): 199-203.) Again in reference to the California experiment of phasing out state mental hospitals, it is pertinent to note that public opposition forced mental health officials in California to abandon, "for the foreseeable future," a plan to close all mental hospitals. California State officials conceded that community facilities were not sufficiently adequate to permit continuing closure of state mental hospitals. "Opponents of hospital closure included families and relatives of patients, police officials, mental health professionals, and a public alarmed by reports of violent crimes by patients released from state hospitals." (*Public Opposition Forces California State Hospitals to Remain Open.* *Hospital & Community Psychiatry* 25 (January 1974): 182.) In an article entitled "Family Coping with the Mentally Ill: An Unanticipated Problem of De-institutionalization," William Doll, Ph.D., presents research findings which indicate that although families may accept the physical presence of patients discharged from mental institutions," the accompanying social rejection could have serious consequences for the community mental health movement." (*Hospital & Community Psychiatry* 27 (March 1976): 183-85.)

- **Warm Springs State Hospital has never been adequately staffed in all areas to carry out an effective program of**

psychiatric treatment. Over the past years, the hospital staff has gradually increased in number, but the salary levels made recruitment difficult. During the past three or four years, the staff pressure for increased salaries resulted in raises which have made possible the recruitment of workers with some assurance that turnover would decrease. Warm Springs State Hospital also has been granted additional staff positions to develop treatment programs. Nevertheless, the staffing patterns at Warm Springs State Hospital have been **MINIMAL** in most areas rather than optimum for the purposes of establishing and maintaining viable treatment programs.

- **Senate Bill 377 sets standards of individualized treatment which surpass the present ability of Warm Springs State Hospital to meet.** The high levels of care and treatment emphasized by SB377 and encouraged by the various licensing, certifying, and accrediting agencies such as Medicare/Medicaid and Joint Commission on Accreditation of Hospitals cannot be accomplished without additional staff to implement the individualized treatment plans being developed for each patient. The recent Board of Mental Health Visitors Report has underlined the deficiencies of Warm Springs State Hospital in this regard.



THE PAST . . . Inside Old Hospital 1912

- Since provision of adequate mental health care is going to cost money, the question is not necessarily the cost, but where inpatient care and treatment is going to be provided — in one place (Warm Springs), or in five different locations (mini-institutions in each of the five mental health regions). If inpatient services are to be provided in five Regional Mini-institutions, as some people are suggesting, then the fixed costs associated with physical plant operation at five separate locations will rise accordingly. Community General Hospital inpatient care for long-term seriously mentally ill persons does not constitute a realistic alternative because of the high cost of private hospitalization.
- In frank recognition of the declining patient population, reductions in certain categories of Warm Springs State Hospital staff have already been made whenever possible.
- Warm Springs State Hospital is able to point to a number of constructive outcomes resulting from good utilization of monies appropriated during the last biennium, but Warm Springs State Hospital is still not where it ought to be in terms of adequate staffing and programming to meet the individualized treatment requirements of the existing commitment laws. If it were not for the fact that monies appropriated to Warm Springs State Hospital during the last biennium were transferred to the Montana Community Mental Health Centers, the hospital probably would have been able to focus more closely on correction of obvious deficiency areas.



THE PRESENT . . . Food Service Building 1976

- At the present time, the staff of Warm Springs State Hospital are observing an increase in the number of Court-ordered patients being sent to the hospital. In view of the increasing activity of Warm Springs State Hospital staff in the process of recommitment, which includes preparing reports to the court and providing testimony in court regarding patients being recommitted, it becomes evident that additional professional staff are needed to cope with the increasing workload.
- Although the Warm Springs State Hospital average daily patient census is declining, there is no assurance that this decline will continue unabated. Working against the trend toward decline of patient population are the following factors:
 - The possibility of Senate Bill 377 amendment so as to alter the present categories of persons who are eligible for commitment to Warm Springs State Hospital. If the commitment law were changed to permit admission of persons with developmental disability, geriatric, alcoholic, and epilepsy problems, increased allocations in all major program areas of Warm Springs STate Hospital would be necessary.
 - If Boulder River School and Hospital were to close, there is a strong possibility that the non-placeable patients currently residing at Boulder River School and Hospital would be transferred to Warm Springs State Hospital. The transfer of Boulder patients to Warm Springs State Hospital would require transfer of some staff to meet the needs of non-ambulatory Developmentally Disabled Persons.
 - There is the possibility of increasing admissions of children, prison transfers, court orders, and recidivists due to community backlash resulting from implementation of the provisions of SB 377.
 - Inappropriate admission to Warm Springs State Hospital continues to occur, and it may take a considerable length of time before 100% screening of proposed Warm Spring State Hospital patients occurs under auspices of the Montana Community Mental Health Centers. For example, during the past year, Warm Springs State Hospital arranged for release of 225 patients to Community Rest Homes, but elderly people continue to be admitted to Warm Springs State Hospital.

- In the past several years, Warm Springs State Hospital has made an effort to provide direct services to a large patient group with an inadequate number of treatment specialists. Much of the treatment programming was necessarily for large groups of patients. Except for a few areas, therefore, it was impossible to design and implement programs having appropriate staff patient ratios, specific goals, and measurable objectives. While a large number of patients were included in both active and passive types of treatment programs, these treatment activities were related to patient population characteristics, the lack of individual freedom of choice, and the limited free movement of patients. *Increases of staff are necessary to provide a more therapeutic service to patients on an individual basis and to take advantage of the special skills of highly-trained, certified, professional mental health workers whom we are now able to recruit in greater numbers.*
- Statistics recently compiled by National Institute of Mental Health indicate that *an increase in the number of persons with mental disorders could occur during the next decade.* Two factors support this prediction: (1) projected large increases in the population of age groups characterized by high incidence rates of mental disorders, and high admission rates to various types of psychiatric facilities, and (2) improvements in medical and psychiatric care that tend to increase the life span of persons with mental disorders.

In summary, Warm Springs State Hospital staff feel that this institution still must serve as the primary inpatient treatment resource for those persons who cannot be treated by community mental health agencies. There are some patients who display severe and profound problems which simply do not respond readily to treatment processes. Longer than average hospital stays are often required for some patients such as the severely mentally ill, children and young adults, persons with chronic psychoses, and persons in need of prolonged psychiatric rehabilitation. Community general hospital inpatient units do not constitute a realistic alternative to Warm Springs State Hospital. Establishing mini-institutions within the geographical regions served by Montana Community Mental Health Centers is not an economical alternative to Warm Springs State Hospital because of the duplication of physical plant, staff, and fixed costs which would be necessary. Hospital treatment may still be required as an emergency measure when all outpatient therapeutic resources have been exhausted. The trial closure of public mental hospitals in other states has created such deplorable

patient care conditions as to necessitate reopening of State psychiatric institutions. While the need for Warm Springs State Hospital has been demonstrated over a span of time encompassing a century of public service, Community Mental Health Centers, despite their importance within the overall system of mental health care, have originated in recent times, and there still needs to be evidence that Community Mental Health Centers constitute a permanent, appropriate alternative to institutional care and treatment in all instances.

Summary of the Needs of Warm Springs State Hospital

In addition to the regular, current level budget for the biennium, Warm Springs State Hospital will be requesting financial support of the following new or expanded programs designed to help meet the legislated right which all mentally ill persons have to prompt and adequate treatment.

- **Medical Records Discharge Analysis**

Discharge Analysis involves checking the various parts of the Medical Record for completeness and accuracy. This analysis is required for any hospital regardless of size, location, or administration in order to protect the legal interests of the patient and the hospital.

- **Legal Services**

Provision of legal services under contractual arrangement in order to protect both the patients' rights and the hospital position.

- **Affirmative Action**

Providing equal employment opportunity as required by the Office of Federal Contracts Compliance Regulations, Revised Orders Nos. 4 and 14, and by E.E.O.C. regulations.

- **Psychiatric Residency Training Program**

Participation in the training of Psychiatrists, in cooperation with the University of Washington Medical School, thereby increasing medical/psychiatric attention to patients, intensifying application of up-to-date psychiatric methodologies, improving treatment, shortening the length of stay, and attracting well-trained psychiatrists to Warm Springs State Hospital.

- **Housekeeping Custodial Program**

The present custodial staffing pattern is inadequate to satisfy the legislated right of patients to be provided a clean and sanitary environment, to comply with Medicare/Medicaid Regulation No. 5, subpart J, Section 405,1022, to meet the requirements of Joint commission on Accreditation of Hospitals Standard III for patient safety, to fulfill American Hospital Association standards for housekeeping, and to follow the National Housekeepers Association guidelines for custodial staffing of state psychiatric hospitals.

- **Music Therapy**

Mentally ill patients frequently do not respond to verbal stimuli. Music is a particularly effective means of obtaining desirable responses. The value of music as a therapeutic tool is well-recognized in the literature of psychiatry.

- **Social Services Developmental Services Program**

In view of the fact that SB 377 guarantees patients the right to treatment as well as the many federal decisions upholding the right to treatment, it is necessary for the professional staff of Warm Springs State Hospital to be sufficiently manned to provide psychotherapy. Psychiatric Social Workers are trained to provide psychotherapy; however, an additional six Psychiatric Social Workers are needed.

- **Physical Therapy**

Approximately 25% of the Warm Springs State Hospital population require some type of physical therapy. The program objective is to offer Physical Therapy to orthopedically impaired patients for whom such treatment is not currently available.

- **Inservice Training for Medical Staff**

To maintain licensure, it is necessary for Medical Staff to earn 150 continuing education credits during each three-year period. Because Montana lacks medical resources, medical practitioners often must attend out-of-state conferences to earn the necessary credits. This circumstance places an unjust financial burden on Warm Springs State Hospital Medical Staff because of the low pay base. The In-service Training program is intended to defray some of the costs of attending out-of-state crediting conferences and seminars.

- **Occupational Therapy**

The purpose of Occupational Therapy is to provide developmental services which will encourage patients to assume a more active role in life. It is necessary to acquire more staff in order to provide Occupational Therapy to a minimum of 80% of the Warm Springs State Hospital population.

- **Recreation Therapy**

In order to respond adequately to the mandate of SB 377 in regard to provision of regular physical exercise and outdoor activity to patients, it is necessary to increase the scope of the Warm Springs State Hospital Recreation program as well as the number and specific types of activities in which a large percentage of patients can participate.

- **Social Services Community-Related Service Program**

In order to maintain effective liaison between Warm Springs State Hospital and the Montana Community Mental Health Centers, it is necessary to have one Psychiatric Social Worker in each region or special unit assigned to this type of work. A total of eight Psychiatric Social Workers are required to assure effective hospital-community liaison, but only four Psychiatric Social Workers can be assigned to this task. An additional four Psychiatric Social Workers are needed.

- **Respiratory Breathing Program**

Provision of a Registered Respiratory Therapist who would treat patients suffering from acute or chronic respiratory disorders. Approximately 47% of the patients admitted to the General Medical Surgical Unit at Warm Springs State Hospital suffer from respiratory disorders. At present, patients requiring emergency respiratory treatment must be transferred, at high risk, to Galen State Hospital.

- **Preventive Dentistry**

There is no preventive dentistry program at Warm Springs State Hospital currently. To establish a preventive dentistry regimen, it is necessary to form a qualified dental staff which is sufficient in number to do the job. Present staff are able to handle only the necessary treatment.

- **Speech and Hearing Program**

To respond humanely to the special needs of the Speech and Hearing Impaired hospitalized psychiatric patient, a program of therapy must be initiated. There are approximately sixty (60) speech and hearing impaired patients who would benefit from therapeutic services of Easter Seal Foundation.

- **Religious Renewal Program**

The present operating budget of each chaplain is approximately \$450. To expect the chaplains to maintain a religious program at Warm Springs State Hospital on this minimal budget is unrealistic. At present Chaplains are forced to support some aspects of the religious program out of their own pockets.

- **Social Service Care and Custody Program**

Since the enactment of SB 377, there has been an increase of approximately 37% in court-ordered commitments. The greater time necessary for professional persons to be involved in evaluating, reporting to the court, and testifying at court hearings requires the services of three additional professional Psychiatric Social Workers to the Social Service Department staff.

- **Training and Development Program**

State and federal regulations require the establishment of a Training and Development Program. For example, Title 38-1323 (2) of the Revised Codes of Montana states that all non-professional persons who have had no prior clinical experience in a mental institution must have a substantial orientation program. Warm Springs State Hospital, as the result of its being a Medicare/Medicaid contractor, must comply with the office of Federal Contract Compliance Revised Order No. 4 and 14.

- **Children's Unit Inservice Training Program**

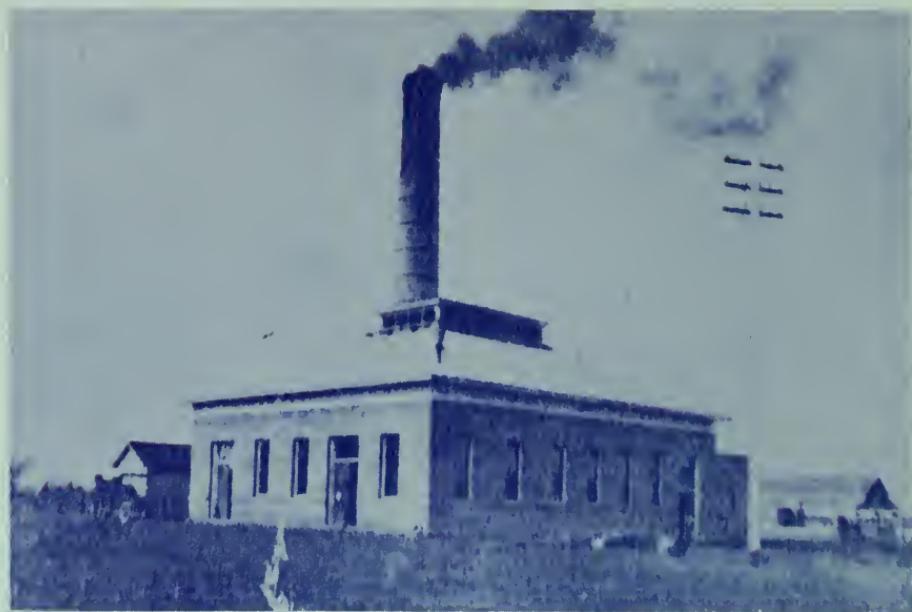
The Children's Unit staff of Warm Springs State Hospital are involved in treating a specific target population which requires the learning and implementation of special skills and techniques. The staff of the Children's Unit need to be in touch with the practical treatment processes implemented in the best Children's Treatment Programs operative throughout the nation so as to profit from the experience of other specialists. The cost of bringing consultants to Warm Springs State Hospital would be less than the cost of sending staff members out-of-state in order to obtain the foundation knowledge needed for treatment of children who suffer from severely disabling psychiatric conditions.

- **Print Shop**

Increased control over printing and duplicating processes is necessary to improve accountability, to eliminate the need for contracted printing services, and to reduce the time and cost entailed in having printing done at several different locations throughout Montana.

- **Rehabilitation Services Clinical Affiliation in Occupational Therapy, Recreation Therapy, and Music Therapy.**

University graduates in Occupational Therapy, Recreation Therapy, and Music Therapy would receive their practicum clinical experience at Warm Springs State Hospital. Each student would be able to contact approximately thirty patients during a three to six months period of clinical affiliation. Both



THE PAST . . . Old Heating Plant 1912

the clinical affiliates and the patients of Warm springs State Hospital would benefit.

- **Regional SDA Program**

Special Duty Aides would be assigned to the five regional units and to the Children's Unit of Warm Springs State Hospital to increase nursing expertise in managing patients displaying severe social maladjustment problems and to be immediately available to assist at all times in case of emergency.

- **Medical Records Expansion Program**

One additional Medical Records Department employee would be hired to file 350-400 documents daily and would maintain inpatient folders for the purpose of having complete chart information readily available on each patient. The volume of daily filing is greater than can be handled by the one full-time clerk currently assigned. There is a growing backlog of filing, and emergency, stopgap measures have not solved the fundamental problem of lack of staff.

- **Management Consulting**

Management consultation would help Warm Springs State Hospital arrive at consistency heretofore lacking in the institutional management. A management information system emphasizing management by exception would be developed. Greater efficiency and accountability are the goals of the Management Consulting program.



THE PRESENT . . . New Heating Plant 1976

- **Biofeedback Program**

Biofeedback training is not currently available at Warm Springs State Hospital. Biofeedback training encompasses a wide variety of treatment benefits including learning to control symptoms voluntarily, and providing relief in regard to tension, headaches, chronic anxiety, tics, poor motor coordination, and epilepsy. Biofeedback is not an aversive learning technique associated with "behavior modification."

- **Nursing Service Adolescent Care**

The existing Nursing Service staffing is not sufficient to allow for implementation of adequate treatment programming for forty seriously mentally ill child patients. Therefore, it is necessary to increase nursing positions on the Children's Unit.

- **Sheltered Workshop**

Providing opportunities for seriously mentally ill patients to engage in productive work activity. Patients assigned to the Sheltered Workshop would learn to respond to specific directions and would derive satisfaction from making a contribution to their own recovery while earning pay in return for effort expended.

- **Community - Hospital Coordination Travel Program**

Warm Springs State Hospital is required by law to cooperate with Montana Community Mental Health Centers toward placement of hospital patients. The hospital staff have been

attempting to accomplish this task with funds which were not specifically allocated for hospital-community coordination.

- **Laboratory Expansion Program**

Recently a CO² incubator was purchased. This new incubator has increased the number of laboratory tests performed. Bacteriology, Biochemistry, and media preparation have doubled, requiring two full-time employees. One additional FTE is needed to cover the remaining laboratory work.

- **Nursing Escort Program**

Whenever a patient is discharged to another facility or provided the opportunity to attend special community activities, it is necessary for a nursing escort to be provided. Expansion of the Nursing Escort Program would allow provision of escort services without depleting nursing staff coverage on hospital residential units.

- **Mobile Library Service**

Approximately 270 patients are unable to leave wards to attend library activities. One additional librarian would permit more frequent service to closed ward patients. Circulation could be increased, the book loss rate could be reduced, and the cultural awareness of patients could be broadened.

BEGINNING THE SECOND CENTURY OF PROGRESS

Tremendous Advance in Mental Health Care is Possible

The current level of progress in mental health care and treatment at Warm Springs State Hospital has been possible only because mental health programs received the enlightened support of past Legislatures. It is essential that the forthcoming Legislature realize that for the first time in decades, Warm Springs State Hospital is on the verge of experiencing tremendous advances in mental health care and treatment. In order to be consistent, the present trend of progress ought to be encouraged through adequate funding.

Good Will of the People Needed

In 1978, Warm Springs State Hospital will begin the second century of public service. Whether or not the hospital will be able to meet the high standards of treatment mandated by the existing mental health legislation, and morally supported by humanitarian and Judeo-Christian traditions, depends on the collective good will of the Montana citizenry as reflected in the funding appropriations of the Forty-fifth Montana State Legislature. To help us begin the Second Century of Progress on a firm foundation, the staff at Warm Springs State Hospital respectfully request the citizens of Montana to review the advances made during the last biennium, to consider the future role and needs of the institution, and to see that Warm Springs State Hospital is funded at a level which will give life and meaning to the principle of being "our brother's keeper."

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